

# Witco

US EPA RECORDS CENTER REGION 5



1002124

August 13, 1999

Witco Corporation  
Oleo/Surfactants Group  
Rt. 24, P.O. Box 9  
Mapleton, IL 61547  
Ph. (309) 697-6220  
Fax (309) 697-9493

Certified Mail

Ms. Joan McMillian  
Bureau of Land  
Illinois Environmental Protection Agency  
1021 North Grand Avenue East  
Springfield, IL 62702

RE: Merger of Witco Corporation ("Witco") and  
Crompton & Knowles Corporation ("C&K")  
Sale of "Witco" Oleochemicals and Derivatives Business  
Notification of Regulated Waste Activity  
EPA ID Number ILD095792859

RECEIVED  
SEP 15 1999  
RCRA RECORDS ROOM  
Waste, Pesticides & Toxics Division  
U.S. EPA—REGION 5

Dear Ms. McMillian:

On or about September 1, 1999, "Witco" has agreed to sell its' Oleochemicals & Derivatives business to Goldschmidt SKW Surfactants GmbH ("GSS"). GSS is an affiliated company of Th. Goldschmidt AG and SKW Trostberg AG. At the same time frame "Witco" and Crompton & Knowles Corporation ("C&K") plan to complete a series of transactions resulting in the statutory merger of the two companies. The combined company will be known as "C&K Witco Corporation".

As a result of these transactions, on or about September 1, 1999, the Witco Mapleton facility will be operating in the following manner:

- Metal Organics Plant will be part of "C&K Witco Corporation" and will retain the present EPA ID Number ILD095792859. EPA form 8700-12 is being filed reflecting the name change.
- Oleochemicals & Derivatives (Fatty Acid Plant, Derivatives Plant, Warehouse, etc.) will be under new ownership of "GSS". EPA form 8700-12 is being filed requesting a new EPA ID number.

We will be updating you with additional information as they become available to us.

Meanwhile, should you have any questions, please contact me at 309/697-6220, Ext. 322.

Sincerely,

Serin R. Rao, P.E.  
Manager, Safety, Health, and Environmental Affairs

SRR:ksw  
c:\kim\rao\1999\regulated waste and sale.doc

Enclosures



A Company Dedicated To Total Quality



Witco Corporation  
Oleo/Surfactants Group  
Rt. 24, P.O. Box 9  
Mapleton, IL 61547  
Ph. (309) 697-6220  
Fax (309) 697-9493

May 8, 1997.  
ATTN: Mr. Jim Pierce  
Waste Accounting & Fees Unit  
Solid Waste Management Section  
Division of Land Pollution Control  
Illinois EPA  
2200 Churchill Road  
P.O. Box 19276  
Springfield, IL 62794-9276

RECEIVED  
MAY 12 1997

RECEIVED  
MAY 22 1997

PROGRAM MANAGEMENT BRANCH  
Waste, Pesticides & Toxics Division  
U.S. EPA — REGION 5

Re: Mapleton Plant Name and Address Changes for Witco Corporation.  
IL Generator # (not Federal): 1438050006.

Dear Mr. Pierce:

Pursuant to the telephone conversation with Serin Rao last week, I am sending this letter to explain the changes in the name and address for the Mapleton Plant. We were asked to change from Factory Road to 8300 U.S. Rte.24 W. for the purpose of the local rescue 911 efforts.

Old Address on your records: Sherex Chemical,  
Wholly Owned Subsidiary of Witco Corporation  
Factory Road  
Mapleton, IL 61547

Our new address should be:  
Mailing Address:

Witco Corporation  
P.O. Box 9  
Mapleton, IL 61547

Street Address:

Witco Corporation  
8300 U.S. Rte.24 West  
Mapleton, IL 61547

RECEIVED  
MAY 27 1997

U. S. EPA, REGION V  
SWB — PMS

We have been asked to remove all reference to Sherex Chemical as of May 1, 1997.

Please change all records accordingly and proceed with our request for 200 new IL Waste Manifests.

If you should have any questions, please contact me at 309-697-6220, X 275.

Sincerely,

Jack L. Nickels  
Environmental Engineer / Mapleton Plant.

cc: Joe Alli, Serin Rao.  
Enclosure:

RECEIVED  
AUG 04 1997

RCRA RECORDS ROOM  
Waste, Pesticides & Toxics Division  
U. S. EPA — REGION 5



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**Witco**

1LD 095 792 859

RECEIVED  
MAY 01 1997  
DIVISION FRONT OFFICE  
Waste, Pesticides & Toxics Division  
U.S. EPA - REGION 5

Witco Corporation  
U.S. Route 24  
P.O. Box 9  
Mapleton, IL 61547  
(309) 697-6220  
(309) 697-9493 Fax

April 23, 1997

Certified Mail

USEPA-Region V  
Hazardous Waste Division  
77 West Jackson Blvd.  
Chicago, Illinois 60604

RE: Notification of Name Change: Witco Corp. (Mapleton Facility)  
(Sherex Chemical Co., Inc.; A Wholly Owned Subsidiary of Witco, Corp.)

Dear Sir/Madam:

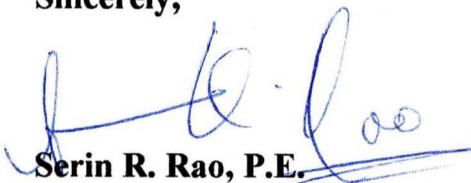
Effective April 30, 1997, Sherex Chemical Co. ("Sherex") is being merged into Witco Corp. ("Witco"). The manufacturing facility at Mapleton, Illinois is being presently operated as Sherex, A Wholly Owned Subsidiary of Witco, Corp.

The plan is to phase-out the Sherex name on all our permits, license, etc. over a period of time. All our future correspondence will reflect the name change from Sherex to Witco.

Please let us know if any other immediate action is warranted on our part at this time.

Should you have any questions, please contact me at 309/697-6220, Ext. 322.

Sincerely,



Serin R. Rao, P.E.  
Manager  
Safety, Health, and Environmental Affairs

SRR:ksw  
g:l-notify



A Company Dedicated To Total Quality



FORM 1  
GENERAL  
ENVIRONMENTAL PROTECTION AGENCY  
GENERAL INFORMATION  
Consolidated Permits Program  
(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER  
5  
6  
7  
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10  
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12  
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14  
15  
T/A/C  
D  
F ILD059948034

LABEL ITEMS  
II. EPA I.D. NUMBER  
III. FACILITY NAME  
IV. FACILITY MAILING ADDRESS  
V. FACILITY LOCATION

ILD059948034

ASHLAND OIL INC  
PO BOX 9  
MAPLETON, IL 61547

ROUTE 24  
MAPLETON, IL 61547

GENERAL INSTRUCTIONS  
If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY  
1 SKIP SHEREX CHEMICAL CO. INC.

IV. FACILITY CONTACT  
A. NAME & TITLE (last, first, & title)  
2 JOHNSON KEN PLANT MANAGER  
B. PHONE (area code & no.)  
3 09 697 6220

V. FACILITY MAILING ADDRESS  
A. STREET OR P.O. BOX  
3 P. O. BOX 9  
B. CITY OR TOWN  
4 MAPLETON  
C. STATE  
IL  
D. ZIP CODE  
61547

VI. FACILITY LOCATION  
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER  
5 RT. 24 DIRECTLY ON ROUTE 24  
B. COUNTY NAME  
PEORIA  
C. CITY OR TOWN  
6 MAPLETON  
D. STATE  
IL  
E. ZIP CODE  
61547  
F. COUNTY CODE (if known)



## VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND																			
C	7	2	8	6	9	(specify) Industrial Organic Chemicals NEC					C	7	2	8	9	9	(specify) Chemicals and Chemical Preparations NEC												
15	16	17	18	19											15	16	17	18	19										
C. THIRD										D. FOURTH																			
C	7	2	8	4	3	(specify) Surface Active Agents					C	7	2	8	4	1	(specify) Soap and Other Detergents												
15	16	17	18	19											15	16	17	18	19										

## VIII. OPERATOR INFORMATION

A. NAME																																																		B. Is the name listed in Item VIII-A also the owner?																																			
C	8	S	H	E	R	E	X	C	H	E	M	I	C	A	L	C	O	.	I	N	C	.																													<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																																		
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																																																		D. PHONE (area code & no.)																																			
F = FEDERAL S = STATE P = PRIVATE										M = PUBLIC (other than federal or state) O = OTHER (specify)										P (specify)										A 6 1 4 7 6 4 6 5 0 0																																																							
E. STREET OR P.O. BOX																																																																																					
P O . B O X 6 4 6																																																																																					
F. CITY OR TOWN																																																		G. STATE										H. ZIP CODE										IX. INDIAN LAND															
B D U B L I N																																																		O H										4 3 0 1 7										Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO															

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)																																																																						
C	9	N	P	E	N	D	I	N	G						C	9	P																																																																				
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)																																																																						
C	9	U													C	9														(specify)																																																							
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
C. RCRA (Hazardous Wastes)															E. OTHER (specify)																																																																						
C	9	R													C	9														(specify)																																																							
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

Producer of fatty acid derivatives (e.g. 1<sup>o</sup>, 2<sup>o</sup>, 3<sup>o</sup> amines, quaternaries, fatty alcohols) and plasticizers.

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)															B. SIGNATURE															C. DATE SIGNED														
Charles A. Aldag President, Sherex Chem.Co., Inc.																														11/17/80														

## COMMENTS FOR OFFICIAL USE ONLY

C																																																																																																			
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100														



FORM <b>3</b> RCRA		U.S. ENVIRONMENTAL PROTECTION AGENCY <b>HAZARDOUS WASTE PERMIT APPLICATION</b> Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	I. EPA I.D. NUMBER	
			S F 14DC95792852	T/A/C 1

FOR OFFICIAL USE ONLY		COMMENTS
APPLICATION PROVED	DATE RECEIVED (yr., mo., & day)	
23	24 - 29	

**II. FIRST OR REVISED APPLICATION**

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

**A. FIRST APPLICATION** (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

C	YR.	MO.	DAY	FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)
8	6	2	0	4
15	73	74	75	76

YR.	MO.	DAY	FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN
73	74	75	76

**B. REVISED APPLICATION** (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

**III. PROCESSES - CODES AND DESIGN CAPACITIES**

**A. PROCESS CODE** - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

**B. PROCESS DESIGN CAPACITY** - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS		T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	SURFACE IMPOUNDMENT	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	INCINERATOR	T04	GALLONS PER DAY OR LITERS PER DAY
<b>Disposal:</b>			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		
SECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			

UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE
G	GALLONS	V	LITERS PER DAY	A	ACRE-FEET
L	LITERS	D	TONS PER HOUR	F	HECTARE-METER
Y	CUBIC YARDS	W	METRIC TONS PER HOUR	B	ACRES
C	CUBIC METERS	E	GALLONS PER HOUR	Q	HECTARES
U	GALLONS PER DAY	H	LITERS PER HOUR		

**EXAMPLE FOR COMPLETING ITEM III** (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S	DUP										T/A/C	1													
C											1														
1	2											13	14	15											
LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY										FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY										FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)					2. UNIT OF MEAS- URE (enter code)								1. AMOUNT					2. UNIT OF MEAS- URE (enter code)					
X-1	S	0	2	600					G					5											
X-2	T	0	3	20					E					6											
1	S	0	1	55					G					7											
														8											
3														9											
4														10											



**III. PROCESSES (continued)**

**C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.**

**IV. DESCRIPTION OF HAZARDOUS WASTES**

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

**ENGLISH UNIT OF MEASURE**                      **CODE**  
 POUNDS . . . . . P  
 TONS . . . . . T

**METRIC UNIT OF MEASURE**                      **CODE**  
 KILOGRAMS . . . . . K  
 METRIC TONS . . . . . M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO. X-Z	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above



Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY															
S T L D 0 5 2 2 4 8 0 3 4 W 1 3 14 15 1 1 2													S W 1 2 13 14 15 23 - 26															
DESCRIPTION OF HAZARDOUS WASTES (continued)																												
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																					
	23	24	25	26			1. PROCESS CODES (enter)																2. PROCESS DESCRIPTION (if a code is not entered in D(1))					
							27	28	29	27	28	29	27	28	29	27	28	29										
1	F	0	0	3	16,000	P	S	0	1																			
2	F	0	0	5																								included with above
3	D	0	0	1																								included with above
4	D	0	0	6	100,000	P	S	0	1																			
5	U	0	0	9	Variable Spills Only		S	0	1																			
6	U	1	2	2			S	0	1																			
7	U	1	4	0			S	0	1																			
8	U	0	4	5			S	0	1																			
9	U	1	9	0			S	0	1																			
10	U	2	2	0			S	0	1																			
11																												
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25																												
26																												



## IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

ILD095792859

EPA I.D. NO. (enter from page 1)

S	F	I	L	D	0	5	7	9	2	8	5	9	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

## V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

## VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

## VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, &amp; seconds)

LONGITUDE (degrees, minutes, &amp; seconds)

40° 33' 50"

89° 43' 48"

## VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; no.)

3. STREET OR P.O. BOX												4. CITY OR TOWN												5. ST.				6. ZIP CODE			
F												G																			

## IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Charles A. Aldag  
President, Sherex Chem. Co., Inc.

B. SIGNATURE

Charles A. Aldag

C. DATE SIGNED

11/17/80

## X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED



V. FACILITY DRAWING (see page 4)

*See attached plot plan and survey*







## IV. DESCRIPTION OF HAZARDOUS WASTE (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

ILD095792859

EPA I.D. NO. (enter from page 1)

S	F	I	L	D	0	5	7	9	2	8	5	9	T/A/C	6
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

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## VI. PHOTOGRAPHS

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## VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, &amp; seconds)

40° 33' 50"

LONGITUDE (degrees, minutes, &amp; seconds)

089° 43' 48"

## VIII. FACILITY OWNER

- ☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

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5. ST.

6. ZIP CODE

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A. NAME (print or type)

Charles A. Alday  
President, Sherex Chem. Co., Inc.

B. SIGNATURE



C. DATE SIGNED

11/17/80

## X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED



## HAZARDOUS WASTE DRUM STORAGE #3

10-31-80



10-31-80

Width 5'

Length 20'

Total 100 sq. ft.



## HAZARDOUS WASTE DRUM STORAGE #2

11-10-80



11-10-80

Width 6'  
Length 30'  
Total 180 sq. ft.

87c



## HAZARDOUS WASTE DRUM STORAGE #1

10-31-80



10-31-80

Width 5'  
Length 42'  
Total 210 sq.ft.



GLASGOW 1:62,500  
1964

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

STATE OF ILLINOIS  
DEPARTMENT OF REGISTRATION AND EDUCATION  
GEOLOGICAL SURVEY DIVISION  
URBANA, ILLINOIS

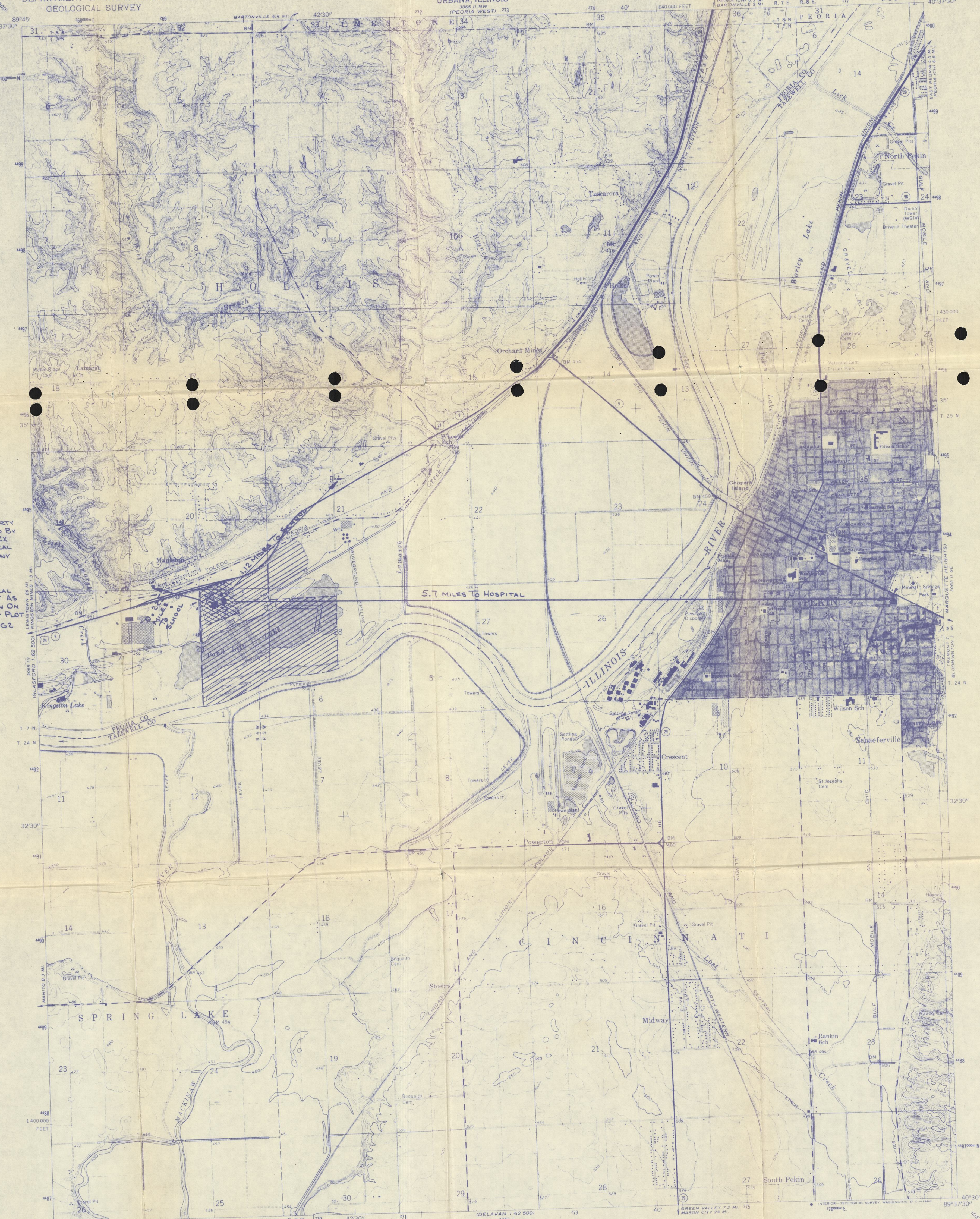
PEKIN QUADRANGLE  
ILLINOIS  
7.5 MINUTE SERIES (TOPOGRAPHIC)  
SW 1/4 PEORIA 15' QUADRANGLE

PROPERTY OWNED BY  
SHEEEX  
CHEMICAL  
COMPANY

PHYSICAL  
PLANT AS  
SHOWN ON  
PLANT PLOT

PLAN 393-01-01-G2

393-01-G8



Mapped, edited, and published by the Geological Survey  
Control by USGS, USC&GS, and USCE  
Topography from aerial photographs by photogrammetric methods  
and by planimetric surveys 1960. Aerial photographs taken 1956  
Polyconic projection. 1927 North American datum  
10,000-foot grid based on Illinois coordinate system, west zone  
1000-meter Universal Transverse Mercator grid ticks,  
zone 16, shown in blue  
Red tint indicates area in which only  
landmark buildings are shown  
Fine red dashed lines indicate selected fence and field lines where  
generally visible on aerial photographs. This information is unchecked  
Revisions shown in purple compiled from aerial photographs  
taken 1957. This information not field checked  
Purple indicates extension of urban areas

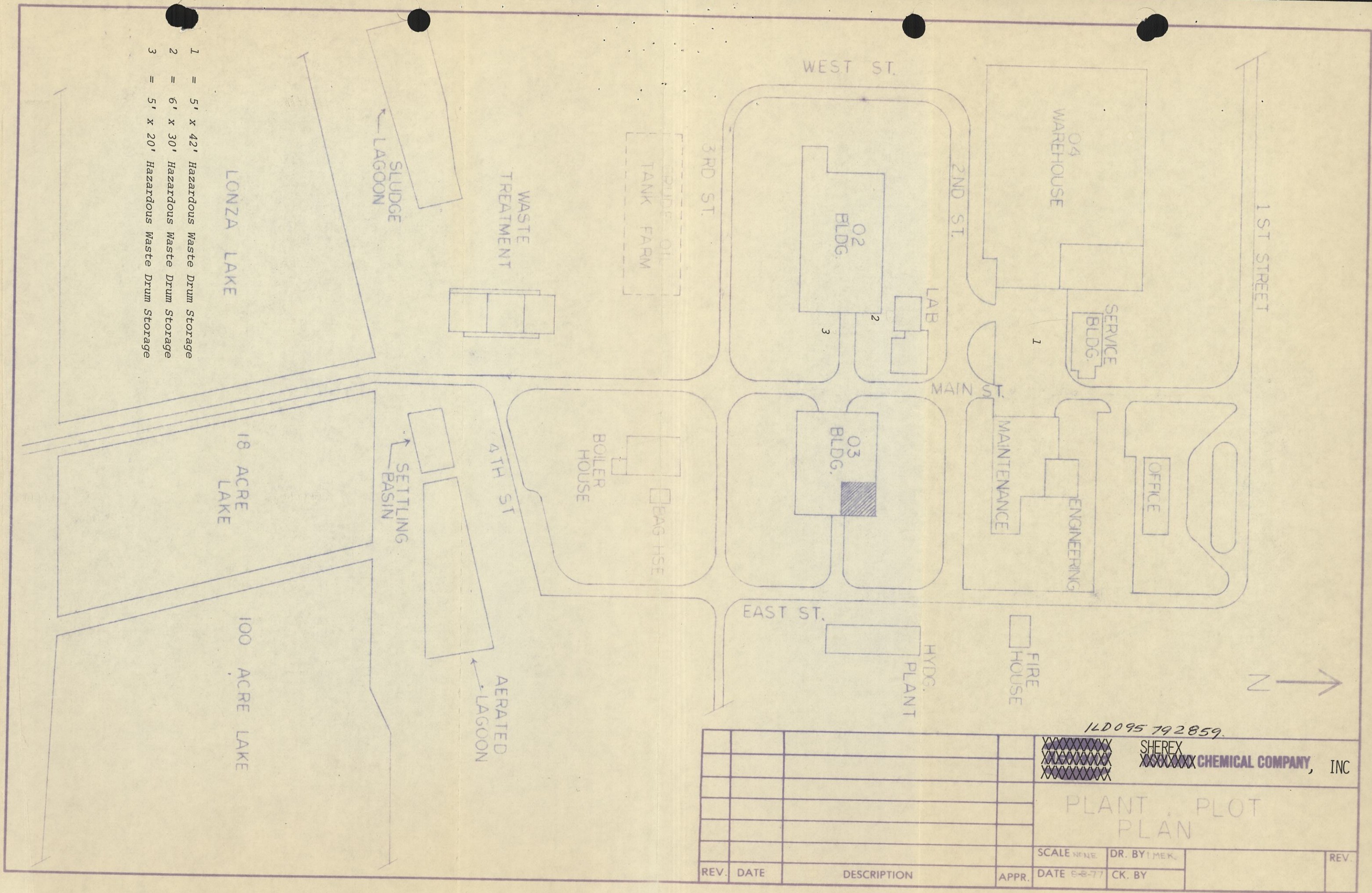
SCALE 1:24,000  
CONTOUR INTERVAL 10 FEET  
DOTTED LINES REPRESENT 5-FOOT CONTOURS  
DATUM IS MEAN SEA LEVEL

THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS  
FOR SALE BY U. S. GEOLOGICAL SURVEY, WASHINGTON, D. C. 20242  
AND BY THE STATE GEOLOGICAL SURVEY, URBANA, ILLINOIS 61801  
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST

ROAD CLASSIFICATION  
Heavy-duty ——— Light-duty ———  
Medium-duty ——— Unimproved dirt ———  
U. S. Route ——— State Route ———

PEKIN, ILL.  
SW 1/4 PEORIA 15' QUADRANGLE  
N4030-W8937.5/7.5  
1960  
PHOTOREVISED 1967  
AMS 3065 11 SW-SERIES V863







AREA	
PARCEL I	16.233 ACRES
PARCEL II	61.481 ACRES
PARCEL III	2.217 ACRES
PARCEL IV	88.607 ACRES
PARCEL V	42.3 ACRES
67.793 ACRES	PT NW 1/4 SEC 20 & PT SW 1/4 SEC 21
130.084 ACRES	PT NW 1/4 SEC 20 & PT SW 1/4 SEC 20
389.715 ACRES	
195.032 ACRES	(EXCEPTION TO PARCEL I)
389.387 ACRES	

#### LEGEND

IRON PIPE SET ON SURVEY BY DEAN E. ZUMWALT, ILS #1433 OF ASSOCIATED ENGINEERS II, INC. ON APRIL 25, 1979.  
 IRON PIPE SET ON SURVEY BY DEAN E. ZUMWALT, ILS #1433 OF ASSOCIATED ENGINEERS II, INC. ON SEPTEMBER 20, 1978.  
 IRON PIPE SET ON SURVEY BY JOHN P. HIGGINS, ILS #1918 ON AUGUST 31, 1970.  
 IRON PIPE FOUND ON SURVEY BY JOHN P. HIGGINS, ILS #1918 ON AUGUST 31, 1970.

